MAXIMUS Federal Services

Case Number:	CM13-0060957		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2009
Decision Date:	03/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant sustained an injury on 04/24/20099. The mechanism was not provided for review. She has diagnoses of chronic low back pain, lumbar facet syndrome, lumbar discogenic disease, sacroiliac pain, hip pain, lumbosacral radiculopathy, and depression. She complains of low back pain with radiation into the neck and right shoulder. On exam she has lumbar pain with extension R>L with tenderness and spasm over the facets. Treatment has included medications, TENS unit, chiropractic, cortisone injections, and acupuncture. The treating provider has requested Medrox cream and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medrox Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Medrox cream. According to the MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsacin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosisne, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments There is no documentation of failure to oral medication therapy. The requested treatment is not medically necessary.

Tylenol #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation inidicates the employee has been treated with opioid therapy with Tyelenol #4. According to the MTUS Guidelines, short-acting opioids such as Tyelenol #4 are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last asessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the employee has responded to ongoing opioid therapy. According to the MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this employee. The employee has continued pain despite the use of short acting opioid medications. The employee may require a multidisciplinary evaluation to determine the best approach to treatment of chronic pain syndrome. Medical necessity for Tyelenol #4 has not been established. The requested treatment is not medically necessary.